

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 15 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City St. Louis, Mo.(No. 835 Desoto Ave)File No. 27314Registered No. 2555

St.

Ward.....

2. FULL NAME Lora Holste(a) Residence, No. 835 Desoto AveSt. 9

Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF

Fred Holste

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

9/15/1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

881010

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

13. NAME

John Lauterbach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Margaret

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Wm. J. Holste
835 Desoto Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE BellefontaineDATE 7/26/34

19. UNDERTAKER (ADDRESS)

Thygesen Mortuary
1340 2nd St. St. Louis, Mo.

20. FILED

26 36

19

J. B. Beck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 25 - 1934

22. I HEREBY CERTIFY, that I attended deceased from

July 15, 1934, to July 25, 1934I last saw her alive on July 25, 1934. Death is saidto have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

mitral stenosisDate of onset years92A
16292A
162

Other contributory causes of importance

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

W. J. Holste

M. D.

(Address) 835 Desoto Ave St. Louis, Mo.

W
O
Hamm